RAJYA SABHA

Wednesday, the 4th March, 1992/14 Phalguna, 1913 (Saka)

The House met at eleven of the clock. **Mr. Chairman** in the Chair.

ORAL ANSWERS TO QUESTIONS

Exodus of Indian Doctors

*101. SHRI SHABBIR AHMAD SALARIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what is the number of Indian Doctors who have settled abroad during 1988, 1989, 1990 and 1991, discipline-wise; and

(b) what is the number of unemployed doctors in the country as on date?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI M. L. FOTEDAR): (a) and (b) A statement is laid on the Table of the House.

Statement

(a) This information is not available.

(b) The total number of unemployed medical graduates on the live registers of employment exchanges as on 30-6-1990 was 30,447. However, this figure is not a reliable indicator of real unemployment amongst doctors, for often self-employed doctors register themselves for Government jobs or employed doctors register for better jobs and/or better place of employment.

SHRI SHABBIR AHMAD SALARIA: Mr. Chairman, Sir, the answer is quite evasive. I would like the hon. Minister to kindly find out and let the House know as to what is the population for which there should be at least one doctor. Taking that into consideration, I would like to know whether it is a fact that India has less number of doctors than there should be. Let there be a candid reply on this. This is one.

Secondly, the hon. Minister says that there are 30,447 unemployed doctors. Would the hon. Minister also inform the House, would he be more correct and informative, how many of them are graduates and how many post-graduates? What is the break-up of this number, i.e., 30,447, State-wise, qualification-wise and period-wise? Would the hon. Minister enlighten us at least on these two points? Firstly, what is the total population...

MR. CHAIRMAN: How many supplementaries will you ask?

SHRI SHABBIR AHMAD SALARIA: I want to make it clear to the hon. Minister.

MR. CHAIRMAN: It is enough. He understands it. Please. There must be a limit. We have to cover a number of questions.

SHRI SHABBIR AHMAD SALARIA: Let us hope that the answer will also be clear.

SHRI M. L. FOTEDAR: Let me assure Mr. Salaria that I can never misunderstand him. He has asked about the population doctor ratio in the country. At the present moment, it is 2200 : 1. I cannot say that the figures are real. But I can definitely say that the figures are not evasive. I have not withheld any information. The information that was available with me. I have placed it on the Table of the House.

The very fact that doctors do not want to serve in the rural areas indicates that there may be some deficiency in the working. Those who come from the rural areas do not want to serve in the rural areas. I do not agree with the hon. Member that the doctors in the country are unemployed. During my tenure of 7-8 months in the Ministry I can say that only three MBBS doctors have come to me for employment, two of them belonged to the Scheduled Caste community and a large number of people, in hundreds, have come to me to seek admission either to MBBS or MD classes. This clearly indicates that there is no unemployment of doctors in the country. I can tell the hon. Member that at the mo-

ment there are 3784 vacancies of doctors in the PHCs and community health centres. The vacancies can still be more and all these vacancies have to be filled up by the States. The vacancies are there because the doctors do not want to go there. I can give category-wise information of the vacancies of the surgeons, Gynaecologists, that are available, but I cannot give him the State-wise figures.

SHR M. S. GURUPADASWAMY: But do you know that doctors attract more dowry in Andhra?

SHRI SHABBIR AHMAD SALARIA: Sir, my question was straight and to the point. What is the total number of population for which there should be one doctor? Taking into consideration the population of India is there any deficiency of doctors in India? He has not replied to that and I apprehened that he will not give a reply to this question.

SHRI M. L. FOTEDAR: According to the population, at the present moment, I told him, it is 1:2200 per doctor.

MR. CHAIRMAN: He wants to know whether there is any standard ratio in other countries.

SHRI M. L. FOTEDAR: It varies from countries to countries.

SHRI M. S. GURUPADASWAMY: You have not given a reply to my question. Doctors attract the highest dowry in Andhra Pradesh.

SHRI S. JAIPAL REDDY: Karnataka attracts the highest capitation fees.

SHRI KAPIL VERMA: Sir, nuclear medicine is the latest in the field of study of medicine and as you know, radio isotopes are being used for effective treatment of heart, cancer and a huge amount of money has been spent during the last 20 years for training of doctors. But most of these trained people are not being used in hospitals. They run away abroad. I would like to know what measures the hon. Minister is taking to see that their services are properly utilized. Secondly, the hon. Minister knows that our doctors are doing very well in UK, USA and Canada. Of course, now they are not being taken there, most of them are going to Arab countries. I have received a number of complaints that they are not given equal treatment, not only financially but socially also. They are not allowed to take their families there. Is the hon. Minister aware of these hardships and what steps is he taking to remove them?

SHRI M. L. FOTEDAR: So far as super specialities are concerned, there are vacancies. We would welcome some doctors to go abroad to get the highest possible training. At the moment about 20 such specialities we have listed. Some people have gone and some are going.

DR. BAPU KADATE: And nobody is coming back.

SHRI M. L. FOTEDAR: Some people are coming back. (*Interruptions*). I would like to say that unemployment among the doctors is not the real problem. That is not a fact.

Coming to the second aspect, we would allow the doctors to go abroad and those doctors who want to come back, we welcome them. So far as the question of their going to the Arab countries is concerned, they go for better employment. They go there because they get foreign exchange, better facilities. Otherwise, there is no difficulty in the country for them to serve.

SHRI S. JAIPAL REDDY: Sir, the hon. Health Minister has made a very pertinent observation that the doctors are reluctant to go to rural area. It is true because the people in the rural areas do not have the purchasing power to pay a doctor who may be engaged in private practice. This is all the more reason why the Government should embark upon a more extended scheme of health service in rural areas. That is also one way of removing or reducing unemployment. Will the Government consider this aspect? Is the Government aware of the fact that investments in the health sector are coming down with each passing year in real terms, not in nominal terms?

SHRI M. L. FOTEDAR: So far as the first part of the question is concerned that doctors are reluctant to go to rural areas, I adhere to the statement I have made. Many of the Health Ministers from the States have told me that they are under heavy pressure from the political parties, from the politicians that these doctors should not be posted in the rural areas. I have gone to Bastar and have found that 30 or 40 posts of doctors are vacant there because doctors posted there do not go because they must have a flush bathroom; they must have a good building to work and only then they would serve in the rural areas. Here I would like to seek the co-operation of the House because this House represents the States of the country, to impress upon the State Governments that they must ensure that those doctors who come from rural areas, and get good education, must be made to serve first in the rural areas, serve the poor and the down-trodden, and this should be the first consideration before the State Government.

SHRI S. JAIPAL REDDY: I said that more budgetary provision should be made for employment of doctors in rural areas because people in the rural areas cannot afford a private practitioner.

SHRI M. L. FOTEDAR: Budgetary provision has to be made by the State Government. But whatever provision is made, even that is not expended. The doctor may go to the rural area even for one day and then he has to draw his salary from the treasury for the rest of 25 or 28 days. But the doctors do not want to serve in the rural areas. That is why I am seeking the co-operation of the hon. Members here because they come from the States and they can impress upon the State Governments to help us so that doctors go to rural areas and serve the poor and the needy.

SHRI SYED SIBTEY RAZI: It is a very grim situation that when the country pays such a high cost for getting one graduate in medical science, as the Minister has stated, the new medical graduate does not like to go to rural areas. May I know from the hon. Minister whether there is any scheme under consideration of the State Health Ministers to make it compulsory for everyone who joins Government job to serve in the rural areas for a specific period? Recently, the Minister had a conference of the State Health Ministers. Was this matter discussed in that meeting? Will the Minister kindly let us know about it?

SHRI M. L. FOTEDAR: I am very happy that the hon. Minister has raised this question. In fact, this was in my mind. I am at it; I am working out a plan so that every doctor who joins government service will have an obligation to serve for some time in the rural areas. I am at it; I am working out the modalities that in the case of those doctors who go abroad for higher training, there will be a condition that for some time they will serve in rural areas, areas where they are born, to serve the poor and the down-trodden. I am working out the details and as soon as the details are ready, I will come to it again.

SHRI G. SWAMINATHAN: There seems to be a conflict in our thinking on the subject. In the earlier days, we wanted to discourage or stop brain drain and we wanted to impose even a brain drain tax on the doctors. Then we wanted to take them back and organise an Indian brain bank. Of late, we are now thinking of planned export of skilled labour, and our budget is very strongly in favour of NRI funds from the doctors and others from abroad. Recently, the Prime Minister has also been saying that water finds its own level.....

MR. CHAIRMAN: What is your question?

SHRI G. SWAMINATHAN: And the technical people including the doctors find their own level in this country and other countries. I want to know as to what is the latest thinking of the Government on this matter. Are they discouraging them to go aroad or want to get them back? What is Government's thinking on the technical people, including doctors, going abroad and giving us money? What is the clear think-

ing of the Government in this matter because there seems to be a schism on the thinking of the Government in this matter.

SHRI M. L. FOTEDAR : Perhaps the hon. Member is aware that as far back as 1965 a decision was taken that doctors should not go abroad because there would be brain-drain. We have been just investing so much. Now this policy requires a review in the changed situation. I am at it, and as soon as we come to some conclusion, I will move the Cabinet so that some review is there and that the difficulty some of the people are facing is redressed.

DR. JINENDRA KUMAR JAIN : Doctors do not go to villages, and this is a real problem. But the fault lies in the fact that the medical education that we have in this country ....

SHRI AJIT P. K. JOGI : Dr. Jain has never gone to a village.

DR. JINENDRA KUMAR JAIN : I come from a village. You are very grossly misinformed. (*Interruptions*)

Sir, the Health Ministry is aware of the fact that there is a need to have a reorientation of medical education, and at the Cabinet level it has been identified. In fact, there is a Committee on ROME (Reorientation of Medical Education) that was set up by the same Health Ministry. I would like to know from the hon. Minister whether he has tried to set up a single medical college in the country which will impart appropriate medical education, which will bring out doctors who can work in the rural areas. The present kind of medical education is producing doctors who are not fit for them, and the kind of things that are taught are not relevant to our rural conditions.

M. L. FOTEDAR : Sir, so far as reorientation of the medical education is concerned, I have appointed a committee under Dr. Bajaj, and we are awaiting the report of this Committee. As soon as the report is available, then, we will examine it, and then I will be able to say something clearly.

DR. JINENDRA KUMAR JAIN : Till such time that you are suffering with your own inefficiency, just don't make a unilateral statement that doctors do not go to villages. The fault lies with the system.

Reconditioning of Railway Couches

*102. DR. RATNAKAR PANDEY†:
SHRI BEKAL UTSAHI :

Will the Minister of RAILWAYS be pleased to state :

(a) whether it is a fact that a large number of railway coaches have been lying in the railway workshops since long; if so, the details thereof; and

(b) the steps Government propose to take to recondition the coaches to make them useful ?

THE MINISTER OF STATE IN THE MINISTRY OF RAILWAYS (SHRI MALLIKARJUN): (a) No, Sir. There are 60 coaches which are lying in workshops for repairs for over three months.

(b) These coaches are expected to be reconditioned and put on line over the next two months.

डा. रत्नाकर पाण्डेय : माननीय सभापति जी, माननीय मंत्री जी ने जो उत्तर दिया है, इसमें अंग्रेजी में जो उत्तर दिया है, उसमें 60 कोचेज लिखा गया है और हिन्दी में जो उत्तर दिया गया है, उसमें 60 सवारी डिब्बे लिखे गए हैं ।

कोच का अनुवाद डिब्बा होता है रेल का, सवारी और माल डिब्बे का फर्क होना चाहिए और अंग्रेजी से हिन्दी में अनुवाद करते समय रेल मंत्रालय हिन्दी के साथ खिलवाड न करें और अशुद्ध हिंदी में उत्तर न दें, वह मैं आपके माध्यम से प्रार्थना करूंगा कि आप मिनिस्ट्री को डायरेक्ट करें कि वे अशुद्ध हिन्दी अनुवाद न दें ।

†The question was actually asked on the floor of the House by Dr. Ratnakar Pandey.